

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

I. DISPUTE

1.
 - a. Whether there should be additional reimbursement for date of service, 09/18/01.
 - b. The request was received on 03/19/02.

II. EXHIBITS

1. Requestor, Exhibit I:
 - a. TWCC 60
 - b. HCFA-1500
 - c. EOBs
 - d. Based on Commission Rule 133.307 (g) (4), the Division notified the Requestor of the Requestor's requirement to submit two copies of additional documentation relevant to the fee dispute on 06/10/02. There is no response from the Requestor in the file.
 - e. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
2. Respondent, Exhibit II:

There is not a carrier sign sheet noted in the dispute packet. There are no carrier responses in the case file.

III. PARTIES' POSITIONS

1. Requestor: Undated Letter:

"We take pride in the thoroughness of our documentation process....Enclosed is the documentation, which will show that the patient did have something to her than passive treatment. Also enclosed are several reports, which will show the functional gains by the patient....The patient needs this EBIce machine because of the fact tht [sic] the carrier does ot [sic] want to approve anymore care for her....If Compliance and Practice does not sanction the carrier for violating the laws, when what is the point of having those laws in the first place."
2. Respondent: No position statement.

IV. FINDINGS

1. Based on Commission Rule 133.307(d) (1) (2), the only date of service eligible for review is 09/18/01.
2. This decision is being written based on the documentation that was in the file at the time it was assigned to this Medical Dispute Resolution Officer.
3. Per the provider's TWCC-60, the provider billed the carrier \$374.00.
4. Per the provider's TWCC-60, the carrier paid the provider \$0.00.
5. Per the provider's TWCC-60, the amount in dispute is \$374.00.
6. Per the provider's Table of Disputed Services, the CPT code in dispute for date of service is E0237.

V. RATIONALE

Medical Review Division's rationale:

The carrier denied the charges in dispute for CPT codes E0237 by "N – NO DOCUMENTATION OF MEDICAL NECESSITY OR RELATEDNESS TO DOCUMENTED WCI OF 04/01." The Medical Review Division's decision is rendered based on denial codes submitted to the Provider prior to the date of this dispute being filed.

When determining whether or not additional reimbursement is warranted, the Medical Review Division must first determine that the services were rendered as billed. After review of the dispute file, no documentation was noted to support the services billed. **No** additional reimbursement is recommended.

The above Findings and Decision are hereby issued this 28th day of August 2002.

Donna M. Myers, B.S.
Medical Dispute Resolution Officer
Medical Review Division

DMM/dmm

This document is signed under the authority delegated to me by Richard Reynolds, Executive Director, pursuant to the Texas Workers' Compensation Act, Texas Labor Code Sections 402.041 - 402.042 and re-delegated by Virginia May, Deputy Executive Director.